



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of inventor Wier

Serial No. : 10/661,782

Group Art Unit: unassigned

Filed: 09/15/03

Examiner: unassigned

For: ***"METHOD FOR MEASUREMENT OF LYMPHOCYTE FUNCTION"***

Assistant Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**PRELIMINARY AMENDMENT UNDER 37 C.F.R. § 1.115**


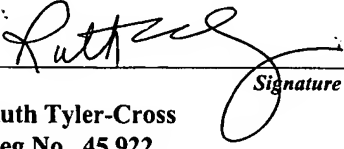
Dear Sir:

Prior to initial examination, please amend the above-identified application as follows:

Please add new claims 33- 47.

Amendments to the Claims are indicated by the notation "original", "new" or "cancelled" in the listing of claims beginning on page 2 of this paper.

Remarks begin on page 6 of this paper.

<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>			Docket No. <b>04200001CB</b>		
Applicant(s): <b>Wier</b>					
Serial No. <b>10/661,782</b>	Filing Date <b>September 15, 2003</b>	Examiner <b>Unknown</b>	Group Art Unit <b>Unknown</b>		
Invention: <b>METHOD FOR MEASUREMENT OF LYMPHOCYTE FUNCTION</b>					
 <b>TO THE COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$43.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-2041</b>					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ <i>Signature</i>			Dated: <b>November 20, 2003</b>		
<b>Ruth Tyler-Cross</b> <b>Reg No. 45,922</b> <b>Whitham, Curtis &amp; Christofferson, P.C.</b> <b>11491 Sunset Hills Road, Suite 340</b> <b>Reston, Virginia 20190</b> <b>703-787-9400</b> <b>Customer Number: 30743</b>			<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <i>Signature of Person Mailing Correspondence</i> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>HAND DELIVERED</b> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <i>Typed or Printed Name of Person Mailing Correspondence</i> </div>		
CC:					